

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH SERVICES**

Beneficiary Name: _____

CALOCUS SCORE SHEET

Record the applicable rating, criteria and comments for each dimension. Total your score and determine the recommended level of care.

LEVEL OF CARE		SCORE		COMMENTS
		Rating	Criteria	(Beneficiary information for which rating is based)
I.	Risk of Harm			
II.	Functional Status**			
III.	Co-Morbidity**			
IV-A.	Recovery Environment Level of Stress			
IV-B.	Recovery Environment Level of Support			
V.	Resiliency and Treatment History			
VI - A.	Acceptance and Engagement Child/Adolescent			
VI - B.	Acceptance and Engagement Parent/Primary Caretaker			
COMPOSITE SCORE _____				LEVEL OF CARE _____

Bold- Indicates independent criteria requires automatic admission to a higher level of care regardless of combined score. A score of 4 results in placement at level 5 and a score of 5 results in placement at level 6.

****** - Independent criteria may be waived if sum of IV-A and IV-B scores equal 2.

Rater Name/Title: _____ **Date** _____

ADDITIONAL INFORMATION: _____

When the CALOCUS score indicates a Level 4, 5 or 6, PRTF placement is not required. Other community resources at a higher frequency and/or intensity of services, based on the needs of the individual, should be considered.